

# MAPP to Health

## Local Public Health System Assessment 2013



Springfield-Greene County  
Health Department  
*Helping people live longer, healthier, happier lives*

## Acknowledgments

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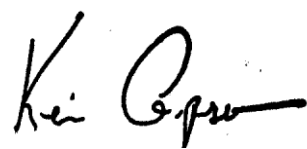
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Thank you for your participation and commitment to the health of our community.



Kevin Gipson, Director of Health

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## I. Mobilizing Action through Planning and Partnerships (MAPP)

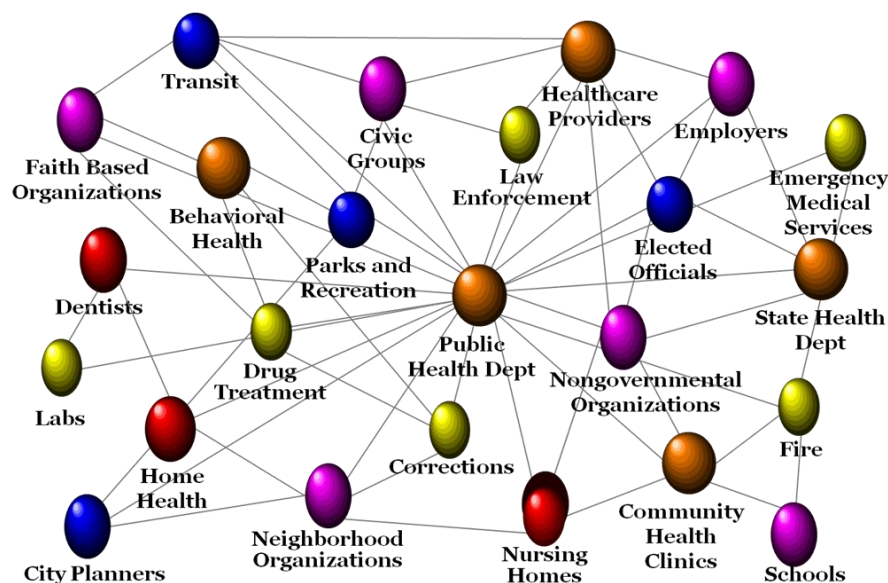
Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is:

***"Communities achieving improved health and quality of life  
by mobilizing partnerships and taking strategic action."***

The following table illustrates the paradigm shift that takes place when the MAPP process is utilized.

| From                            | To   |
|---------------------------------|--|
| <b>Operational planning</b>     | Strategic planning                                 |
| <b>Focus on the agency</b>      | Focus on community and entire public health system |
| <b>Needs assessment</b>         | Emphasis on assets and resources                   |
| <b>Medically oriented model</b> | Broad definition of health                         |
| <b>Agency knows all</b>         | Everyone knows something                           |

MAPP provides the framework for convening the variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. The following diagram illustrates the Local Public Health System.



Through the MAPP process, communities can create and implement a well-coordinated plan that uses resources efficiently and effectively. Resulting community plans do not focus on one agency or public health challenge; rather, MAPP health improvement plans provide long-term strategies that address the multiple factors that affect health in a community. Community involvement throughout the creation and the implementation of a health improvement plan results in creative solutions to public health problems. Moreover, continuous community involvement leads to community ownership of the process. Community ownership, in turn, increases the credibility and sustainability of health improvement efforts.

## The MAPP Model

In the MAPP model, the "phases" of the MAPP process are shown in the center of the model, while the four MAPP Assessments—the key content areas that drive the process—are shown in four outer arrows. The following report focuses on one of the four assessments, the Local Public Health System Assessment.



## II. The Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is completed using the local instrument of the National Public Health Performance Standards (NPHPS). The NPHPS instrument measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.

### National Public Health Performance Standards (NPHPS)

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement which will result in positive outcomes for system performance. Local health departments and their public health system partners can use the NPHPS as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Take action for achieving performance and quality improvement in one or more targeted areas
- Re-assess the progress of improvement efforts at regular intervals

The NPHPS answers the following questions:

1. What are the activities and capacities of our public health system?
2. How well are we providing the Essential Public Health Services in our jurisdiction?

Through the assessment process, participants from the local public health system had an opportunity to discuss and determine how they are performing in comparison to each of the 30 model standards. Model Standards represent the major components, activities or practice areas of the Essential Service (ES). The responses to the assessment will be used to develop improvement strategies for the local public health system. Data collected will also be used to identify the strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPS assessment instrument guides local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

## **The Ten Essential Public Health Services**

The assessment is structured around the Model Standards (MS) for each of the ten Essential Public Health Services and aligns with the three Core Functions of Public Health. The Core Functions of Public Health include Assessment, Policy Development, and Assurance.

The ten Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS. Public health systems should

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## **Assessment Process**

The Springfield-Greene County Health Department accreditation team facilitated the Local Public Health Systems Assessment on October 25, 2013 at Schweitzer United Methodist Church. Eighty-four participants representing 51 different agencies, two observers, and five recorders completed the NPHPS Version 3. These agencies included educational institutions, community leaders, healthcare organizations, state and local government representatives, nonprofit organizations, faith-based organizations, community collaborative representatives, and businesses. A comprehensive assessment was conducted of the organizations and entities that contribute to the public's health.



Participants were assigned to one of five groups to address two Essential Services. The groups were created based on the recommendations from the assessment tool. An introduction to the process was delivered to all participants by the director of health and assistant director of health utilizing a power point presentation and visual aids at each table. A looped power point presentation of the Essential Services, Local Public Health System, Assessment Process, and Consensus Scoring was visible by each participant throughout the event. Each participant was given a folder with the agenda, Public Health Core Functions and Ten Essential Services handout, NPHPS Strengthen Systems, Improving the Public's Health handout, The Local Public Health System diagram handout, evaluation form, and their assigned Essential Service. Two facilitators were assigned to each group and monitored time, recorded information on strengths, weaknesses, opportunities, and priorities, and provided support. Each table had a recorder using a computer to capture the discussion. Each facilitator presented a brief current status of each component and followed the Facilitator's Guide through the assessment and participants scored each element based on the following score ratings (see below). Final scores were based on consensus of the group and recorded. Each group completed this process for two Essential Services and the related Model Standards.

## Score Ratings

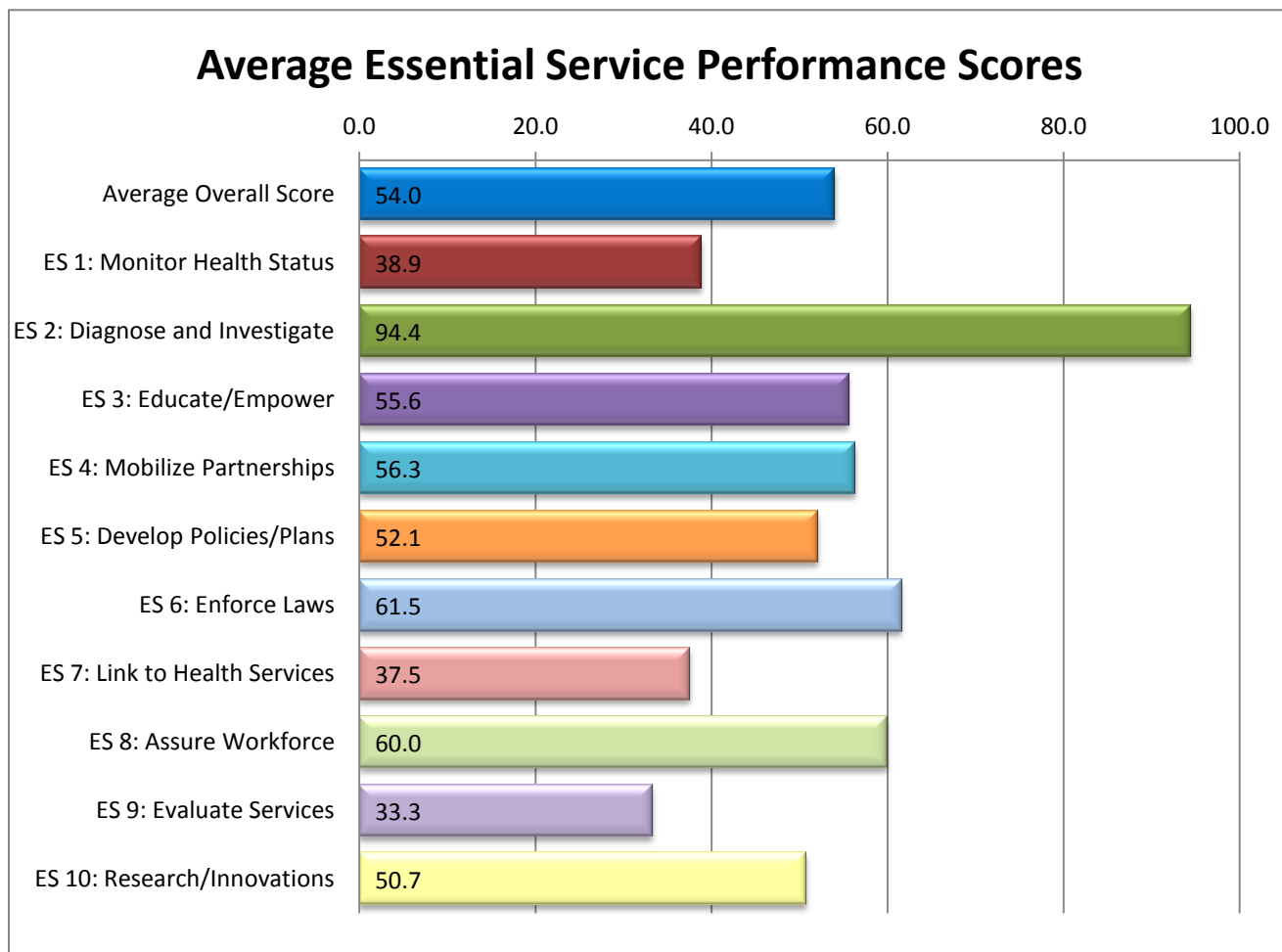
| Voting Ballot                    |  | Score |
|----------------------------------|--|-------|
| NO ACTIVITY (0%)                 | The public health system does not participate in this activity at all.   | 0     |
| MINIMAL ACTIVITY (1-25%)         | The public health system provides limited activity, and there is opportunity for substantial improvement.                | 25    |
| MODERATE ACTIVITY (26-50%)       | The public health system somewhat participates in this activity, and there is opportunity for greater improvement.       | 50    |
| SIGNIFICANT ACTIVITY (51%-75%)   | The public health system participates a great deal in this activity, and there is opportunity for minor improvement.     | 75    |
| YES / OPTIMAL ACTIVITY (75-100%) | The public health system is doing absolutely everything possible for this activity and there is no need for improvement. | 100   |



### III. Executive Summary

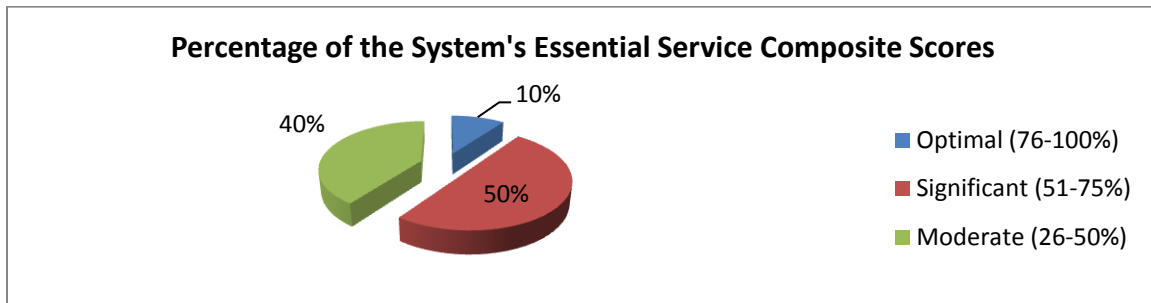
This report is designed to facilitate communication and sharing among and within programs, partners, and organizations based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

The following data provide a summary of average overall score and average score of each Essential Service. The average overall score was 54.0 out of 100 with a median score of 53.8. The highest overall score was Essential Service #2 *Diagnose and Investigates Health Problems and Health Hazards* (94.4 out of 100). The lowest overall score was Essential Service #9 *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services* (33.3 out of 100). Five out of ten ES scored in the significant activity level. Three out of ten ES scored in the moderate activity level.



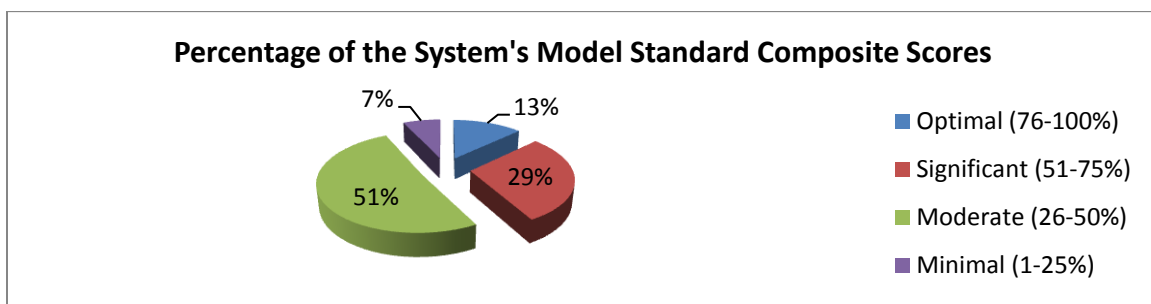
## Percentage of the System's Essential Service Composite Scores

The public health system's Essential Services scores fell within three of the five activity categories. The below chart summarizes the composite performance measures for all 10 Essential Services. None of the Essential Services were in the no activity (0%) or minimal (1-25%) categories. Half (50%) of the Essential Services were scored at significant (51-75%), 40% scored in the moderate category, and 10% scored in the optimal category.



## Percentage of the System's Model Standard Composite Scores

The Model Standards score summarizes the composite measures for all 30 Model Standards. Fifty-one percent of the Model Standards scored in the moderate activity category (26-50%), followed by 29% of the Model Standards in the significant activity (51-75%), 13% of the Model Standards were in the optimal activity category (76-100%), and 7% of the composite scores were in the minimal activity category. There was not a Model Standard with no activity (0%).



## Key Findings

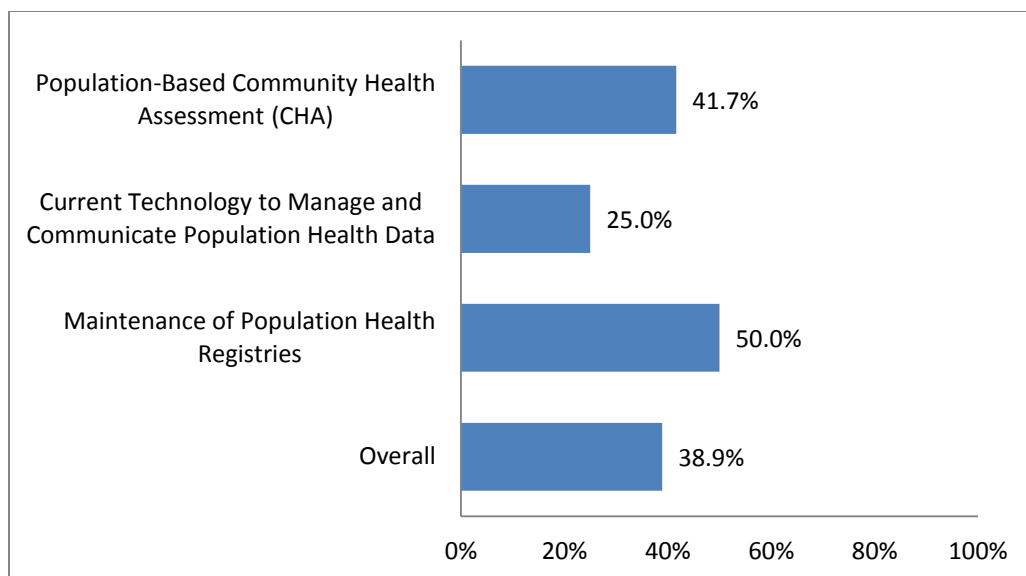
- Essential Service #2 *Diagnose and Investigate Public Health Problems* performance score was 100% for the Model Standard 2.2 for Investigation and Response to Public Health Threats. This demonstrates that our community excels in disease investigation, outbreak response, and is well prepared for emergencies.
- Essential Service #2 *Diagnose and Investigate Public Health Problems* performance score was 100% for Model Standard 2.3 Laboratory Support for Investigation of Health Threats.
- Essential Service #1 *Monitor Health Status to Identify Community Health Problems* Model Standard 1.2 performance score was 25% for Current Technology to Manage and Communicate Population Health Data. This demonstrates the need to address the use of technology to display health data, analysis of health data, and the use of geographic information.
- Essential Service #9 *Evaluate Effectiveness, Accessibility and Quality of Personal and Population-based Health Services* Model Standard 9.2 Evaluation of Personal Health Services performance score was 25%. The Model Standard reflects the need for the LPHAS to conduct more formal evaluation of the accessibility, quality, and effectiveness of personal health services, customer satisfaction, the use of technology to improve quality of care, and the use of evaluation findings to improve services.
- An overall score of 54% indicates opportunities for improvement in order to achieve optimal activity for the public health system.

## IV. Individual Essential Service Scoring

The following graphs and scores are intended to help Greene County organizations gain a better understanding of their collective performance and move to the next step in strengthening the public health system. For each Essential Service and Model Standard there is a bar graph depicting each Model Standard average and a cumulative rating score and discussion themes. Refer to Appendix A Performance Measures page 23 for the specific performance measure scoring for each Essential Service.

### Essential Service #1

#### *Monitor Health Status to Identify and Solve Community Health Problems*



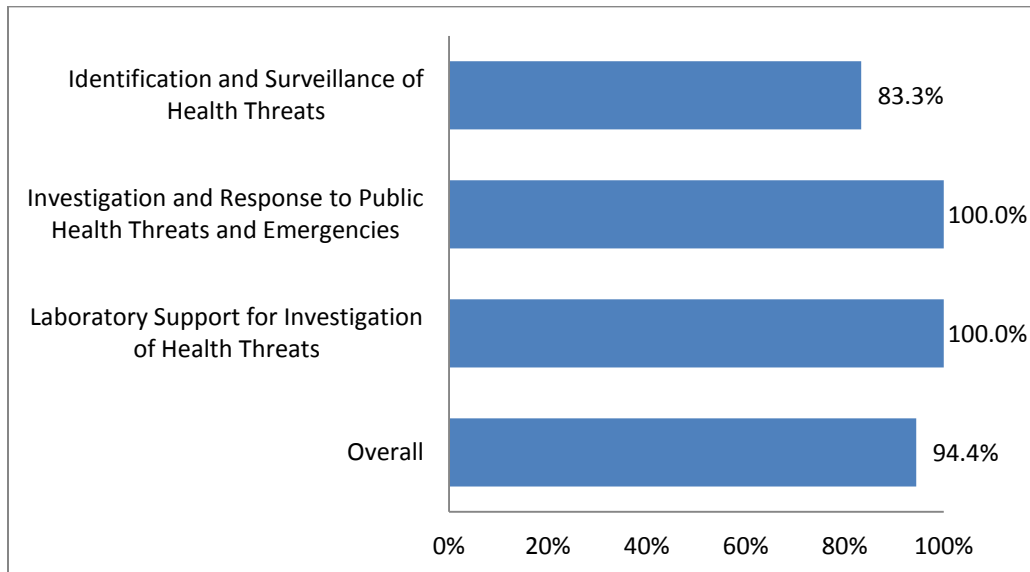
Essential Service #1 overall performance score was 38.9% indicating moderate activity.

#### Discussion Themes

- A weakness identified was the limited sharing of health data between agencies. There are numerous data sets in existence but they are siloed and tend to be considered proprietary. Data the state collects is not made available publicly until it is a few years old.
- An opportunity identified was to make reports relevant to the community.
- A priority noted was to create a shared health database system.
- Implementation of the federal Affordable Care Act may make the healthcare data more consistent and aggregated.

## Essential Service #2

### *Diagnose and Investigate Health Problems and Health Hazards*



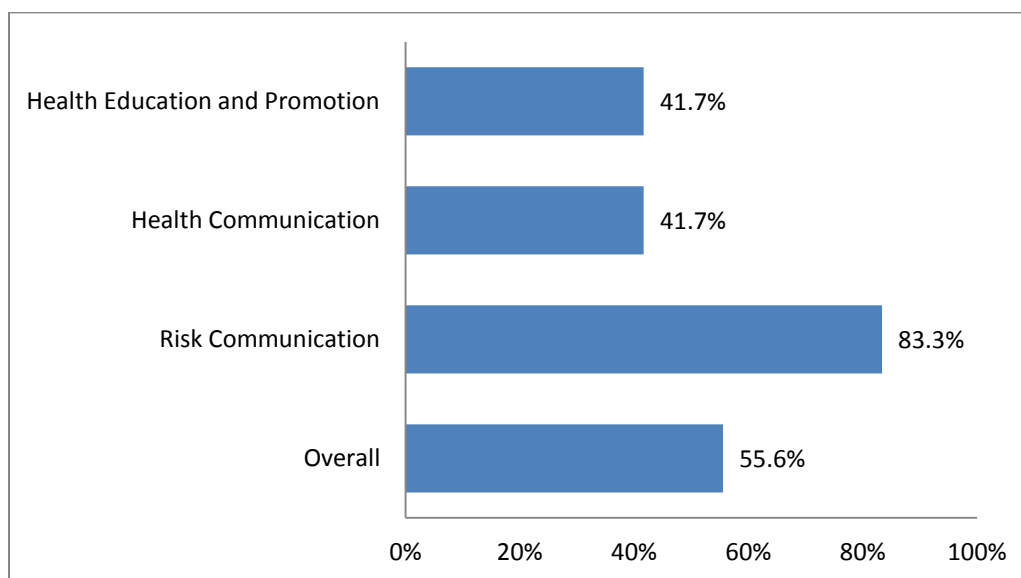
Essential Service #2 overall performance score was 94.4% indicating optimal activity. This Essential Service had the highest scoring level and was the only ES ranked as optimal.

### Discussion Themes

- Surveillance of immediate illnesses is currently done well.
- An identified need is for agencies to be connected to software systems in the community.
- If there was a massive pandemic event or other medical disaster, there are no altered standards of care in place that the medical community can follow. This creates liability for healthcare providers and is an area that can be improved upon to protect medical professionals during emergency response. This needs to come from the federal or state level.
- Communication protocols between labs and hospital/public health urgent needs/results from providers can be improved.
- A noted priority was to define a threat or an emergency situation.

### Essential Service #3

#### *Inform, Educate, and Empower People about Health Issues*



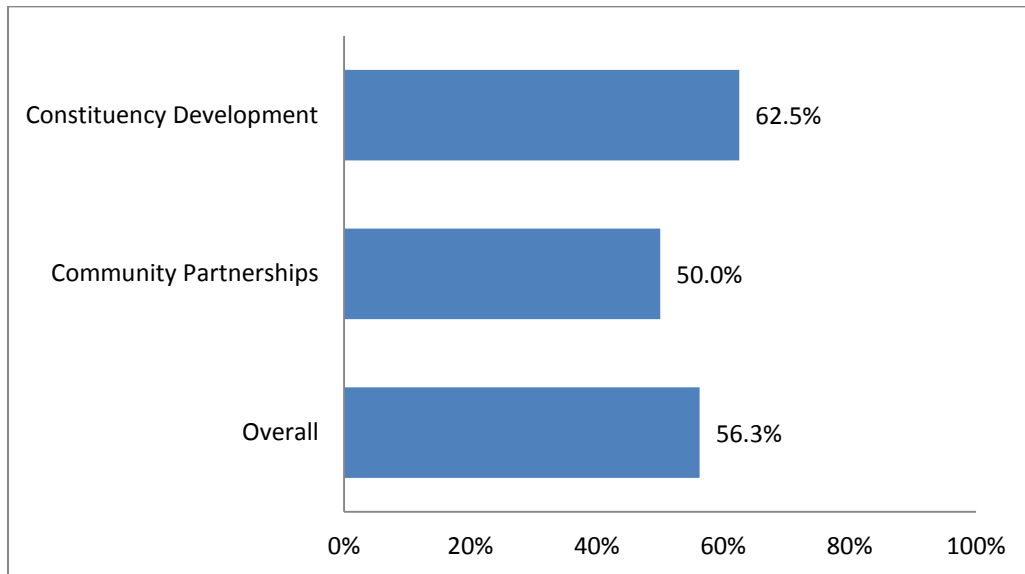
Essential Service #3 overall performance score was 55.6% indicating significant activity. Model Standard 3.3.2 scored 100% for available resources for a rapid emergency communications.

#### Discussion Themes

- Coordinate health messages across organizations for consistency and to reduce fragmentation.
- An identified need was for consistent funding sources.
- An identified need was for collective impact models to coordinate efforts of different organizations.
- An identified need was for reverse 9-1-1 cell technology and text message capability.
- An identified opportunity for improvement was for better engagement of the community, especially under-represented minority groups and those with communication challenges such as limited English skills, in the process of developing and implementing health education and health promotion programs.

## Essential Service #4

### *Mobilize Community Partnerships to Identify and Solve Health Problems*



Essential Service #4 overall performance score was 56.3% indicating significant activity.

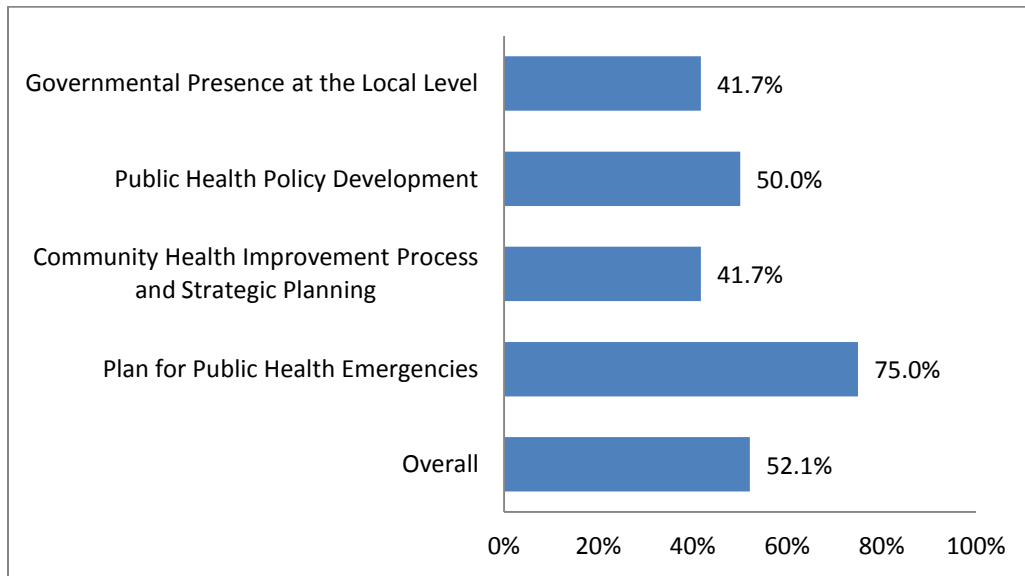
### Discussion Themes

- Further support the existing 2-1-1 Directory, rather than creating more directories.
- An identified need was to develop a process to evaluate the effectiveness and impact of partnerships.
- An identified need was to create a broad-based community health improvement committee.



## Essential Service #5

### *Develop Policies and Plans that Support Individual and Community Health Efforts*



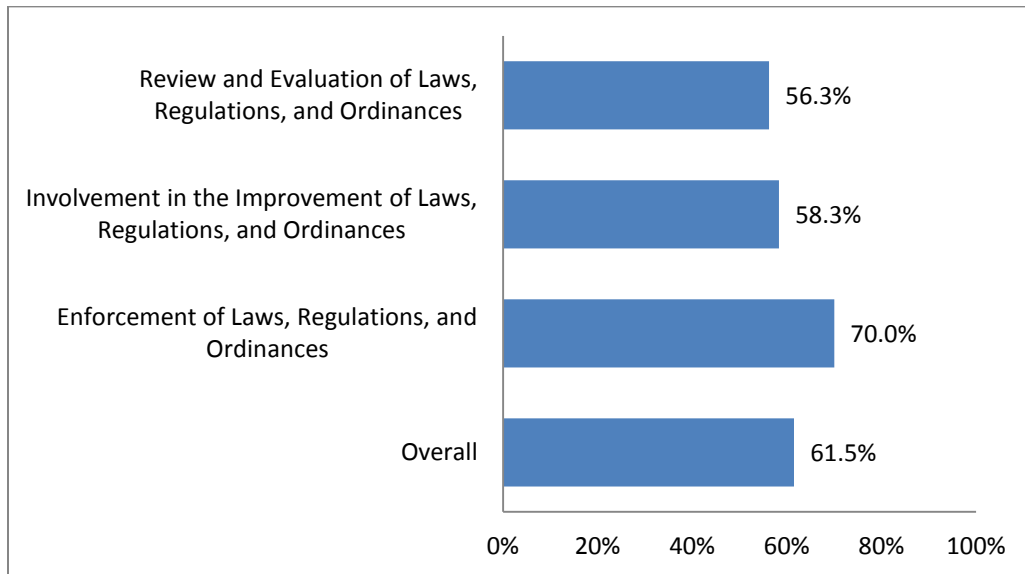
Essential Service #5 overall performance score was 52.1% indicating significant activity.

### Discussion Themes

- Long-term improvement opportunities noted were to address poverty in the community. Long stay facilities being used as housing by the poor which has many negative implications.
- A weakness identified was the financial situation with Greene County.
- A priority noted was to create more regional health policies because Springfield institutions and systems are integrated largely across southwest Missouri.

## Essential Service #6

### *Enforce Laws and Regulations that Protect Health and Ensure Safety*



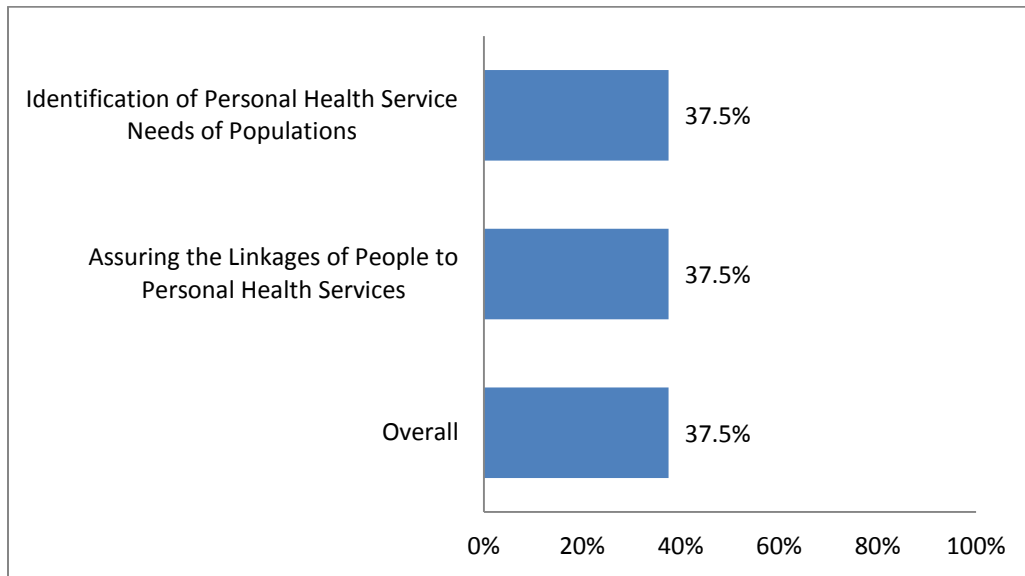
Essential Service #6 overall performance score was 61.5% indicating significant activity. This Essential Service ranked second highest overall.

### Discussion Themes

- An identified need was the formation of advisory groups to review laws and regulations on a routine basis.
- An identified need was to create a statewide reporting system on the sale of prescription drugs.
- An identified need was to create laws to address distracted driving (texting while driving).
- An identified need was to increase communication with elected officials so they don't just hear from the reactionaries.
- An identified need was to develop a system of ongoing evaluation to make sure laws are applicable to current thinking and principles.

## Essential Service #7

### *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable*



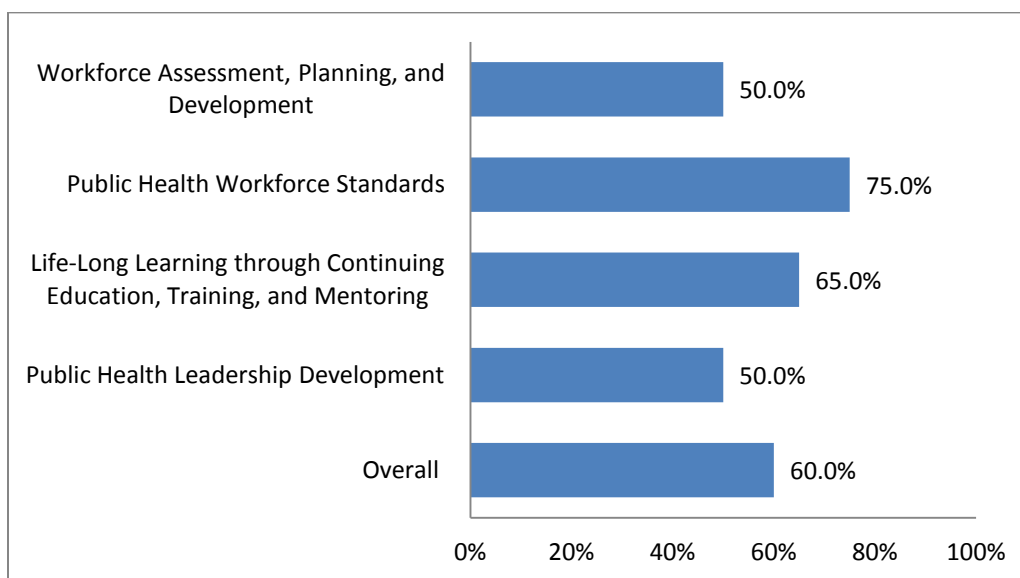
Essential Service #7 overall performance score was 37.5% indicating moderate activity.

### Discussion Themes

- Suggested areas for improvement include a comprehensive database and a documented plan for all to follow and update.
- An identified opportunity is to build communication and/or education between organizations with our population in mind.
- Communication at multiple levels was identified as a weakness.
- An identified need was for more co-locations of service providers and to assist populations navigate the system.

## Essential Service #8

### *Assure a Competent Public and Personal Healthcare Workforce*



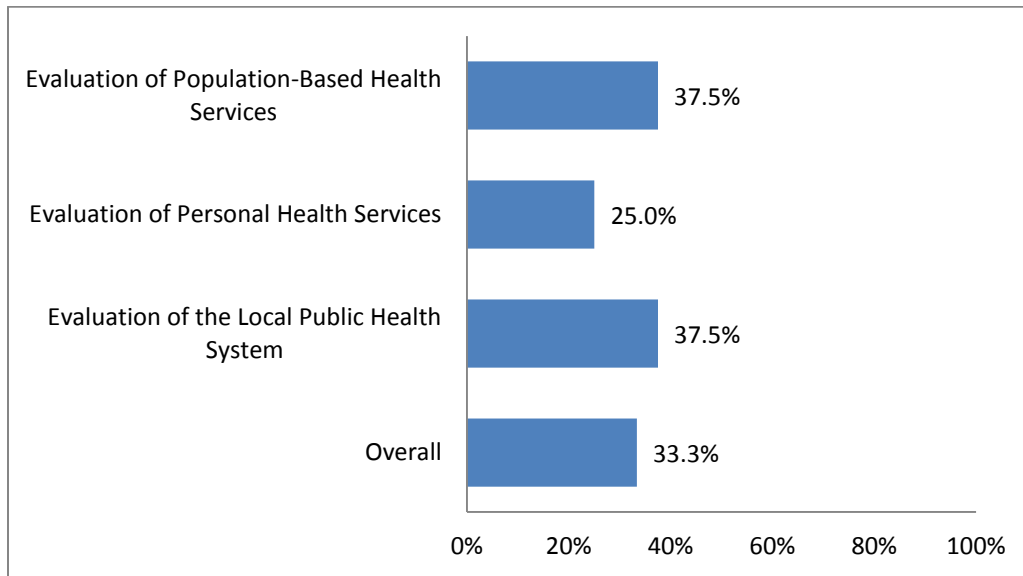
Essential Service #8 overall performance score was 60.0% indicating significant activity.

### Discussion Themes

- Organizational assessments are completed; however, follow through on action plans are not consistent and assessment results or actions are not shared throughout the system. The creation of action plans, reassessment and sharing of these assessments throughout the system would enhance the system's understanding of its workforce development needs.
- While the public health system does comply with requirements for certificates and licenses, and have comprehensive job descriptions, the hiring and performance review process does not consistently include essential public health services. Inclusion of the essential public health service elements in job descriptions and performance reviews are needed.
- Continuing education opportunities are plentiful within the system, but there is inconsistent continuing education needs assessment or incentives to participate. A more integrated system of continuing education opportunities and more clearly defined requirements or encouragements should be developed.
- Leaders within the community help collaboratively shape the public health system's vision. Leaders should be developed throughout the structure of the system and include greater diversity through programs such as mentoring.

## Essential Service #9

### *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*



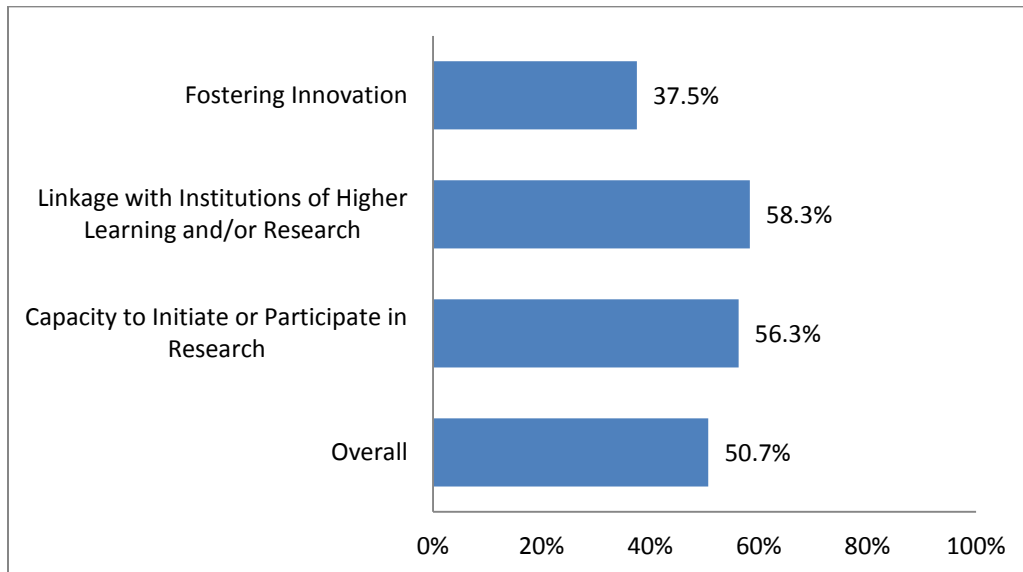
Essential Service #9 overall performance score was 33.0% indicating moderate activity. This Essential Service had the lowest performance score.

### Discussion Themes

- An identified need was for HIPAA education with community partners for release of information and sharing of information.
- An identified need was for better utilization of technology.
- An identified need was to develop a “Data Warehouse” with up-to-date data.

## Essential Service #10

### *Research for New Insights and Innovative Solutions to Health Problems*



Essential Service #10 overall performance score was 50.7% indicating moderate activity.

### Discussion Themes

- An opportunity identified was to place students out into the community and be involved in program development is key to innovation and may help bridge the gap between upper-level faculty and the community collaboration projects their research supports.
- A need to improve connections between the community and academic institutions would enhance programs, research and evaluation opportunities.
- Broad-based publishing of research findings could increase opportunities for implementation by other agencies as well as present additional opportunities for collaboration and partnerships.

## V. Final Remarks

This report provides an assessment and evaluation of the Local Public Health System with a focus on the Ten Essential Services of Public Health. Upon completion of this process the community partners have a better understanding of how the current system is functioning. The groups identified areas of strengths, weaknesses, and opportunities for improvement. The next step is to utilize this data and additional reports to create a community health improvement plan for our community. A shared improvement plan will provide a long term plan that is unified and coordinated.

Two Essential Services that need further evaluation are ES #9 and ES #7. Essential Service # 9 *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services* scored the lowest. Minimal activity has occurred in evaluation of population-based health services and personal health services. Assessing how well the organizations within the LPHS communicate and coordinate services had a minimal score. Evaluation of the health systems will improve care and reduce the cost of care.

Essential Service #7 *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable* scored the second lowest. A minimal score was given for Model Standard 7.1.2, Identifying all personal health service needs and unmet needs throughout the community and MS 7.1.3 Define partner roles and responsibilities to respond to the unmet needs of the community. In addition, MS 7.2, Assuring linkages of people to personal health services scored at the minimal level. MS 7.2.4 Coordination of the delivery of personal health and social services for access to care scored at the minimal level. Improvement in this area will benefit patients and improve service delivery.

Finally, action will be taken for achieving performance and quality improvement in selected targeted areas. Improving the health of our community will enhance the quality of life for those who live, work, study, and play in Greene County. The benefit of this effort will be demonstrated in less morbidity and mortality of diseases, better quality of life, and optimal use of resources.

For more information about this report, contact Pam Bryant at (417) 864.1431 or [pbryant@springfieldmo.gov](mailto:pbryant@springfieldmo.gov).





## Appendix A. Performance Measures

The following tables illustrate the optimal performance measures related to the model standards for each essential service that were scored by system partners to determine the level at which the system performs. Consensus scoring was used based on the following scale:

| Voting Ballot                    |  | Score |
|----------------------------------|--|-------|
| NO ACTIVITY (0%)                 | The public health system does not participate in this activity at all.   | 0     |
| MINIMAL ACTIVITY (1-25%)         | The public health system provides limited activity, and there is opportunity for substantial improvement.                | 25    |
| MODERATE ACTIVITY (26-50%)       | The public health system somewhat participates in this activity, and there is opportunity for greater improvement.       | 50    |
| SIGNIFICANT ACTIVITY (51%-75%)   | The public health system participates a great deal in this activity, and there is opportunity for minor improvement.     | 75    |
| YES / OPTIMAL ACTIVITY (75-100%) | The public health system is doing absolutely everything possible for this activity and there is no need for improvement. | 100   |

| ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems |   |    |
|--|---|----|
| <b>1.1</b>   | <b>Model Standard: Population-Based Community Health Assessment (CHA)</b><br><i>At what level does the local public health system:</i>                  |    |
| 1.1.1  | Conduct regular community health assessments?   | 75 |
| 1.1.2  | Continuously update the community health assessment with current information?   | 25 |
| 1.1.3  | Promote the use of the community health assessment among community members and partners?  | 25 |
| <b>1.2</b>   | <b>Model Standard: Current Technology to Manage and Communicate Population Health Data</b><br><i>At what level does the local public health system:</i> |    |
| 1.2.1  | Use the best available technology and methods to display data on the public's health?   | 25 |
| 1.2.2  | Analyze health data, including geographic information, to see where health problems exist?  | 25 |
| 1.2.3  | Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?       | 25 |
| <b>1.3</b>   | <b>Model Standard: Maintenance of Population Health Registries</b><br><i>At what level does the local public health system:</i>                         |    |
| 1.3.1  | Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?     | 75 |
| 1.3.2  | Use information from population health registries in community health assessments or other analyses?  | 25 |

| <b>ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards</b> |   |     |
|---|---|-----|
| <b>2.1</b>  | <b>Model Standard: Identification and Surveillance of Health Threats</b><br><i>At what level does the local public health system:</i>   |     |
| 2.1.1   | Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?  | 100 |
| 2.1.2   | Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?   | 75  |
| 2.1.3   | Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?  | 75  |
| <b>2.2</b>  | <b>Model Standard: Investigation and Response to Public Health Threats and Emergencies</b><br><i>At what level does the local public health system:</i>   |     |
| 2.2.1   | Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?                               | 100 |
| 2.2.2   | Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?   | 100 |
| 2.2.3   | Designate a jurisdictional Emergency Response Coordinator?  | 100 |
| 2.2.4   | Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?  | 100 |
| 2.2.5   | Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?  | 100 |
| 2.2.6   | Evaluate incidents for effectiveness and opportunities for improvement?   | 100 |
| <b>2.3</b>  | <b>Model Standard: Laboratory Support for Investigation of Health Threats</b><br><i>At what level does the local public health system:</i>  |     |
| 2.3.1   | Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?   | 100 |
| 2.3.2   | Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?   | 100 |
| 2.3.3   | Use only licensed or credentialed laboratories?   | 100 |
| 2.3.4   | Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results? | 100 |

| ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues |  |     |
|--|--|-----|
| <b>3.1</b>   | <b>Model Standard: Health Education and Promotion</b><br><i>At what level does the local public health system:</i>   |     |
| 3.1.1  | Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?                 | 50  |
| 3.1.2  | Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?  | 50  |
| 3.1.3  | Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?                         | 25  |
| <b>3.2</b>   | <b>Model Standard: Health Communication</b><br><i>At what level does the local public health system:</i>   |     |
| 3.2.1  | Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?  | 50  |
| 3.2.2  | Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience? | 50  |
| 3.2.3  | Identify and train spokespersons on public health issues?  | 25  |
| <b>3.3</b>   | <b>Model Standard: Risk Communication</b><br><i>At what level does the local public health system:</i>   |     |
| 3.3.1  | Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?   | 75  |
| 3.3.2  | Make sure resources are available for a rapid emergency communication response?  | 100 |
| 3.3.3  | Provide risk communication training for employees and volunteers?  | 75  |

## ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems

|            |   |    |
|------------|---|----|
| <b>4.1</b> | <b>Model Standard: Constituency Development</b><br><i>At what level does the local public health system:</i>                              |    |
| 4.1.1      | Maintain a complete and current directory of community organizations?   | 75 |
| 4.1.2      | Follow an established process for identifying key constituents related to overall public health interests and particular health concerns? | 50 |
| 4.1.3      | Encourage constituents to participate in activities to improve community health?  | 50 |
| 4.1.4      | Create forums for communication of public health issues?  | 75 |
| <b>4.2</b> | <b>Model Standard: Community Partnerships</b><br><i>At what level does the local public health system:</i>                                |    |
| 4.2.1      | Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?        | 75 |
| 4.2.2      | Establish a broad-based community health improvement committee?   | 25 |
| 4.2.3      | Assess how well community partnerships and strategic alliances are working to improve community health?                                   | 50 |

| <b>ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts</b> |   |    |
|---|---|----|
| <b>5.1</b>  | <b>Model Standard: Governmental Presence at the Local Level</b><br><i>At what level does the local public health system:</i>  |    |
| 5.1.1   | Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?  | 50 |
| 5.1.2   | See that the local health department is accredited through the national voluntary accreditation program?  | 25 |
| 5.1.3   | Assure that the local health department has enough resources to do its part in providing essential public health services?  | 50 |
| <b>5.2</b>  | <b>Model Standard: Public Health Policy Development</b><br><i>At what level does the local public health system:</i>  |    |
| 5.2.1   | Contribute to public health policies by engaging in activities that inform the policy development process?  | 50 |
| 5.2.2   | Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?  | 50 |
| 5.2.3   | Review existing policies at least every three to five years?  | 25 |
| <b>5.3</b>  | <b>Model Standard: Community Health Improvement Process and Strategic Planning</b><br><i>At what level does the local public health system:</i>   |    |
| 5.3.1   | Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members? | 50 |
| 5.3.2   | Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?   | 50 |
| 5.3.3   | Connect organizational strategic plans with the Community Health Improvement Plan?  | 25 |
| <b>5.4</b>  | <b>Model Standard: Plan for Public Health Emergencies</b><br><i>At what level does the local public health system:</i>  |    |
| 5.4.1   | Support a workgroup to develop and maintain preparedness and response plans?  | 75 |
| 5.4.2   | Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?    | 75 |
| 5.4.3   | Test the plan through regular drills and revise the plan as needed, at least every two years?   | 75 |

| <b>ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety</b> |   |    |
|--|---|----|
| <b>6.1</b>   | <b>Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances</b><br><i>At what level does the local public health system:</i>                      |    |
| 6.1.1  | Identify public health issues that can be addressed through laws, regulations, or ordinances?   | 75 |
| 6.1.2  | Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?             | 50 |
| 6.1.3  | Review existing public health laws, regulations, and ordinances at least once every five years?   | 25 |
| 6.1.4  | Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?  | 75 |
| <b>6.2</b>   | <b>Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances</b><br><i>At what level does the local public health system:</i>             |    |
| 6.2.1  | Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?  | 50 |
| 6.2.2  | Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health? | 50 |
| 6.2.3  | Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?  | 75 |
| <b>6.3</b>   | <b>Model Standard: Enforcement of Laws, Regulations, and Ordinances</b><br><i>At what level does the local public health system:</i>                                |    |
| 6.3.1  | Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?  | 75 |
| 6.3.2  | Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?                           | 75 |
| 6.3.3  | Assure that all enforcement activities related to public health codes are done within the law?  | 75 |
| 6.3.4  | Educate individuals and organizations about relevant laws, regulations, and ordinances?   | 50 |
| 6.3.5  | Evaluate how well local organizations comply with public health laws?   | 75 |

**ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable**

|            |  |    |
|------------|--|----|
| <b>7.1</b> | <b>Model Standard: Identification of Personal Health Service Needs of Populations</b><br><i>At what level does the local public health system:</i> |    |
| 7.1.1      | Identify groups of people in the community who have trouble accessing or connecting to personal health services?                                   | 50 |
| 7.1.2      | Identify all personal health service needs and unmet needs throughout the community?   | 25 |
| 7.1.3      | Defines partner roles and responsibilities to respond to the unmet needs of the community?   | 25 |
| 7.1.4      | Understand the reasons that people do not get the care they need?  | 50 |
| <b>7.2</b> | <b>Model Standard: Assuring the Linkage of People to Personal Health Services</b><br><i>At what level does the local public health system:</i>     |    |
| 7.2.1      | Connect (or link) people to organizations that can provide the personal health services they may need?   | 50 |
| 7.2.2      | Help people access personal health services, in a way that takes into account the unique needs of different populations?                           | 25 |
| 7.2.3      | Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?               | 50 |
| 7.2.4      | Coordinate the delivery of personal health and social services so that everyone has access to the care they need?                                  | 25 |



| <b>ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Healthcare Workforce</b> |  |     |
|---|--|-----|
| <b>8.1</b>  | <b>Model Standard: Workforce Assessment, Planning, and Development</b><br><i>At what level does the local public health system:</i>  |     |
| 8.1.1   | Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?       | 75  |
| 8.1.2   | Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?   | 50  |
| 8.1.3   | Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning? | 25  |
| <b>8.2</b>  | <b>Model Standard: Public Health Workforce Standards</b><br><i>At what level does the local public health system:</i>  |     |
| 8.2.1   | Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?                               | 100 |
| 8.2.2   | Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?                              | 75  |
| 8.2.3   | Base the hiring and performance review of members of the public health workforce in public health competencies?  | 50  |
| <b>8.3</b>  | <b>Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring</b><br><i>At what level does the local public health system:</i>   |     |
| 8.3.1   | Identify education and training needs and encourage the workforce to participate in available education and training?  | 75  |
| 8.3.2   | Provide ways for workers to develop core skills related to essential public health services?   | 75  |
| 8.3.3   | Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?   | 50  |
| 8.3.4   | Create and support collaborations between organizations within the public health system for training and education?  | 75  |
| 8.3.5   | Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?   | 50  |
| <b>8.4</b>  | <b>Model Standard: Public Health Leadership Development</b><br><i>At what level does the local public health system:</i>   |     |
| 8.4.1   | Provide access to formal and informal leadership development opportunities for employees at all organizational levels?   | 50  |
| 8.4.2   | Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?   | 75  |
| 8.4.3   | Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?   | 50  |
| 8.4.4   | Provide opportunities for the development of leaders representative of the diversity within the community?   | 25  |

| <b>ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b> |   |    |
|---|---|----|
| <b>9.1</b>  | <b>Model Standard: Evaluation of Population-Based Health Services</b><br><i>At what level does the local public health system:</i>  |    |
| 9.1.1   | Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?   | 25 |
| 9.1.2   | Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?  | 25 |
| 9.1.3   | Identify gaps in the provision of population-based health services?   | 50 |
| 9.1.4   | Use evaluation findings to improve plans and services?  | 50 |
| <b>9.2</b>  | <b>Model Standard: Evaluation of Personal Health Services</b><br><i>At what level does the local public health system:</i>  |    |
| 9.2.1   | Evaluate the accessibility, quality, and effectiveness of personal health services?   | 25 |
| 9.2.2   | Compare the quality of personal health services to established guidelines?  | 25 |
| 9.2.3   | Measure satisfaction with personal health services?   | 25 |
| 9.2.4   | Use technology, like the internet or electronic health records, to improve quality of care?   | 25 |
| 9.2.5   | Use evaluation findings to improve services and program delivery?   | 25 |
| <b>9.3</b>  | <b>Model Standard: Evaluation of the Local Public Health System</b><br><i>At what level does the local public health system:</i>  |    |
| 9.3.1   | Identify all public, private, and voluntary organizations that provide essential public health services?  | 50 |
| 9.3.2   | Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services? | 50 |
| 9.3.3   | Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?   | 25 |
| 9.3.4   | Use results from the evaluation process to improve the LPHS?  | 25 |

| <b>ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems</b> |   |    |
|--|---|----|
| <b>10.1</b>  | <b>Model Standard: Fostering Innovation</b><br><i>At what level does the local public health system:</i>  |    |
| 10.1.1   | Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?                     | 50 |
| 10.1.2   | Suggest ideas about what currently needs to be studied in public health to organizations that do research?  | 25 |
| 10.1.3   | Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?                              | 50 |
| 10.1.4   | Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?  | 25 |
| <b>10.2</b>  | <b>Model Standard: Linkage with Institutions of Higher Learning and/or Research</b><br><i>At what level does the local public health system:</i>                                    |    |
| 10.2.1   | Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?   | 75 |
| 10.2.2   | Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?                                | 50 |
| 10.2.3   | Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education? | 50 |
| <b>10.3</b>  | <b>Model Standard: Capacity to Initiate or Participate in Research</b><br><i>At what level does the local public health system:</i>   |    |
| 10.3.1   | Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?   | 50 |
| 10.3.2   | Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?                 | 75 |
| 10.3.3   | Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?  | 50 |
| 10.3.4   | Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?  | 50 |